

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

PTO/SB/06 (12-04)

U.S. DEPARTMENT OF COMMERCE
displays a valid OMB control number.
Application or Docket Number
10/802 026

APPLICATION AS FILED - PART I
(Column 1) (C)

ON AS FILED (Column 2)
(Column 1)

(Column 1)	(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e), (f), or (g))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	

PART II

- If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
HIGHEST	MIDDLE	LOWEST

		(Column 1)				
AMENDMENT A	1/5/67	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
		Total 37 CFR 1.16(s) 37 CFR 1.16(d)	3	Minus 20	=	
		37 CFR 1.16(d)	1	Minus 3	=	
Application Size Fee (37 CFR 1.16(s))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))						

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
				HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(l))	*		Minus	**	=
Independent (37 CFR 1.16(n))	*		Minus	***	=
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))					

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The number in column 3 is the highest number.

- If the entry in column 1 is less than 3, enter "3".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number indicated by 27 CFR 1.16. The information is required to obtain SCS, 122 and 37 CFR

- If the entry in column 1 is less than the entry in column 2, enter "1".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1, enter "1".
- The information is required to obtain or retain a benefit by the public which is subject to 27 CFR 1.14. This collection is estimated to take 12 minutes per response. The burden falls upon the individual.

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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